

MAY 26 1998

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. John W. McPeek President ASI Medical, Incorporated 14550 East Easter Avenue, Suite 1000 Englewood, Colorado 80112

Re: K974488

Trade Name: Airprep System - Model 9001

Regulatory Class: III
Product Code: KOJ

Dated: November 25, 1997 Received: November 26, 1997

Dear Mr. McPeek:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531

through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4618. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fdan.gov/cdrh/dsmamain.html".

Sincerely your

Timothy A. Ulatowski

Director

Division of Dental, Infection Control and General Hospital Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

		Pageof
510(k) Number (if ka	e-Top Air Abrasiar Instrument	
Device Name: Isbl	e-Top Air Abrasian Instrument	
Indications For Use:		
	erates the Micadent air abrasion system mou ane air dryer. The Micadent handpiece is m	
The Micadent is used to per preparing surfaces for comp	form intra-oral air abrasion procedures incluosite restorations.	ding etching and
by Hampton Research and n	antially similar in design and function as the narketed by Medidenta International. The Marketed for the AirPrep will be only marketed for the second	licadem will be supplied
(PLEASE DO NOT W	RITE BELOW THIS LINE - CONTINUE ON AN	IOTHER PAGE IF NEEDED)
	rence of CDRH, Office of Device Evalu	ation (ODE)
(Division Sign-Off) Division of Dental, Infec		
and General Hospital De 510(k) Number		
Prescription Use(Per 21 CFR 801.109)	OR On	ver-The-Counter Use

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(Optional Format 1-2-96)